

PHSKC/NWC – ASPR Grant
Project #3: Non-hospital Agency Enhancement through Workshops and Preparedness Grants
Follow-up Evaluation Instrument

Follow-up questionnaire – Survey Monkey survey open 8/4 – 8/15/08

- Send to all workshop participants (*n= participants representing 115 small grants, 9 large grants*)
- Email addresses to be provided by PHSKC from registration info or sign in sheets

BUSINESS RESILIENCY WORKSHOP – FOLLOW-UP QUESTIONNAIRE

Confidentiality Statement

The Northwest Center for Public Health Practice (NWCPHP) at the University of Washington is conducting the evaluation of the Business Resiliency Workshops and Grants Program for the King County Healthcare Coalition. Your participation is confidential, anonymous, and will be analyzed collectively with the responses of others. Aggregate data will inform the Coalition of the collective benefit of the program to the participants and organizations. NWCPHP does not disclose individually identifiable responses.

Directions

Please **mark only one answer** for each question unless otherwise requested.

1. Which one of the following categories best describes the setting in which you work?

- ☐ Mental health
- ☐ Substance abuse
- ☐ Long-term care (nursing homes, boarding homes, adult family homes, home health and home care)
- ☐ Pediatric care
- ☐ Ambulatory care
- ☐ Palliative care
- ☐ Specialty services (e.g., dialysis providers, blood centers, poison center, surgical centers)
- ☐ Other (specify): _____

2. Which one of the following categories best describes your job position or primary role?

- ☐ CEO, Executive Director
- ☐ Administrator, Manager, Medical/Nursing Director
- ☐ Preparedness Coordinator/Emergency Manager/Safety Officer
- ☐ Facility Manager/Maintenance Director
- ☐ Information Technology Specialist

- ☐ Behavioral Health professional (mental health and/or substance abuse)
- ☐ Nurse
- ☐ Physician
- ☐ Other (specify): _____

3. Please indicate the number of unduplicated clients served annually by your organization. _____

4. Did your organization receive a small grant (\$2,499) or a large grant (up to \$24,000) under the Business Resiliency Program?

- ☐ Large grant ☐ Small grant

5. Which of the Business Resiliency Workshop days did you attend?

- ☐ Day 1 only ☐ Day 2 only ☐ Day 1 and Day 2

Please rate each component of the Business Resiliency Program by marking the appropriate box.

	Excellent	Very Good	Good	Fair	Poor
6. Grant Request for Proposals/application process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Quality of the technical assistance you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Resource materials and tools provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Expense reimbursement process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Grant deliverable requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What is the most important learning that you gained from your experience with the Business Resiliency Program?

12. Is there additional information, training, or technical assistance related to business resiliency or preparedness planning that you feel you still need?

☐ Infection Control (e.g. hand washing, gloves, masks, gowns)

☐ Personal Preparedness

☐ Family Preparedness

☐ Incident Command Structure

☐ Training & Exercises

☐ Other (please specify) _____

☐ Not sure

13. Please provide any suggestions for how the overall Business Resiliency Program could be improved.

14. From time to time Public Health develops and translates emergency preparedness materials for distribution to the public. To help us better understand the language needs, please indicate what languages would be helpful for your organization.

☐ Spanish

☐ Vietnamese

☐ Chinese (Traditional)

☐ Russian

☐ Romanian

☐ Somali

☐ Tagalog

☐ Korean

☐ Cambodian

☐ Amharic

☐ Ukranian

☐ Oromo

☐ Tigrinya

☐ Laotian

☐ Thai

☐ Other (please specify) _____

15. Are you the appropriate contact for your organization regarding emergency preparedness/management issues?

☐ Yes

☐ No

If no, Please update your organization and contact information—

Name of organization _____

New contact name
Phone number
Email address
